

ASSEMBLY BILL

No. 1963

Introduced by Assembly Member Salinas

February 12, 2004

An act to amend Sections 1179.1, 104105, 104120, 104317, 104318, 104564, 105285, 120800, and 123515 of, and to add Sections 152.1 and 104250 to, the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1963, as introduced, Salinas. Public health outreach: promotores de salud.

Existing law establishes programs for improvement of public health, including, but not limited to, programs related rural health, high blood pressure control, cancer awareness and prevention, asthma reduction, perinatal outreach, childhood lead poisoning prevention, AIDS prevention, and maternal health, including, provisions relating to program outreach services.

Existing law establishes the Office of Multicultural Health within the State Department of Health Services and sets forth its duties, including, but not limited to, development of plans for the department to close the gaps in health status and access to care among diverse racial and ethnic communities.

This bill would include within the duties of the office, encouragement of the use of promotores de salud, as defined, and community health workers to provide better health outcomes for rural and underserved communities through the various public health programs, and would make conforming changes in various public health programs to include their use.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. (a) The Legislature finds and declares:

2 (1) The delivery of health care to agricultural workers in rural
3 areas is often constrained by issues of access and outreach to those
4 workers and their families.

5 (2) The program known as “promotores de salud” (promoters
6 of health) provides access and outreach in a manner which is
7 culturally and linguistically accessible to agricultural workers and
8 their families.

9 (3) By training and using community members as promotores,
10 this program has demonstrated a significant level of
11 cost-effectiveness in delivering health care, particularly in
12 maternal and child health, and chronic diseases, including, but not
13 limited to, asthma, diabetes, cardiovascular disease, and
14 HIV/AIDS.

15 (4) The use of promotores de salud will often be the most
16 cost-effective way of improving health outcomes for agricultural
17 workers and other underserved populations with cultural,
18 linguistic, and financial barriers to access the health care system.

19 (b) Therefore, it is the intent of the Legislature to enact
20 legislation that would encourage health delivery systems to use the
21 model of promotores de salud where appropriate, and to provide
22 incentives to encourage this use.

23 SEC. 2. Section 152.1 is added to the Health and Safety Code,
24 to read:

25 152.1. (a) As part of its duties as defined in Section 152, the
26 office shall encourage the use of promotores de salud and
27 community health workers to provide better health outcomes for
28 rural and underserved communities, particularly agricultural
29 workers, and seek to incorporate the use of promotores de salud
30 and community health workers in the full range of programs
31 administered under this code, where effective and appropriate.

32 (b) “Promotores de salud” means community-based programs
33 which utilize trained community members who provide
34 linguistically and culturally appropriate outreach, education, and
35 access to services intended to improve health outcomes,

1 particularly, but not exclusively, for agricultural workers in rural
2 areas of the state.

3 (c) The office shall seek to maximize federal reimbursement
4 for services provided by promotores de salud, including, but not
5 limited to, approvals pursuant to the federal Early and Periodic
6 Screening, Diagnosis, and Treatment program (42 U.S.C. Sec.
7 1396d), and including federal financial participation in
8 administrative reimbursement for those providers utilizing the
9 Medi-Cal program that utilize or seek to utilize promotores de
10 salud.

11 (d) The office shall encourage the Healthy Families Program,
12 administered pursuant to Part 6.2 (commencing with Section
13 12693) of Division 2 of the Insurance Code, to utilize and establish
14 reimbursement for the use of promotores de salud, where the
15 utilization is cost-effective.

16 SEC. 3. Section 1179.1 of the Health and Safety Code is
17 amended to read:

18 1179.1. (a) The Secretary of the Health and Welfare Agency
19 shall establish an Office of Rural Health, or an alternative
20 organizational structure, in one of the departments of the Health
21 and Welfare Agency to promote a strong working relationship
22 between state government and local and federal agencies,
23 universities, private and public interest groups, rural consumers,
24 health care providers, foundations, and other offices of rural
25 health, as well as to develop health initiatives and maximize the
26 use of existing resources without duplicating existing effort. The
27 office or alternative organizational structure shall serve as a key
28 information and referral source to promote coordinated planning
29 for the delivery of health services in rural California.

30 (b) To the extent funds are appropriated by the Legislature,
31 these efforts may include:

32 (1) Educating the public and recommending appropriate public
33 policies regarding the viability of rural health care in California.

34 (2) Monitoring and working with state and federal agencies to
35 assess the impact of proposed rules and regulations on rural areas.

36 (3) Promoting community involvement and community
37 support in maintaining, rebuilding, and diversifying local health
38 services in rural areas.

39 (4) Encouraging and evaluating the use of advanced
40 communications technology to provide access to health promotion

1 and disease prevention information, specialty expertise, clinical
2 consultation, and continuing education for health professionals.

3 (5) Encouraging the development of regional health care and
4 public health networks and collaborative efforts, including, but not
5 limited to, emergency transportation networks.

6 (6) Working with state and local agencies, universities, and
7 private and public interest groups to promote research on rural
8 health issues.

9 (7) Soliciting the assistance of other offices or programs of
10 rural health in California to carry out the duties of this part.

11 (8) Disseminating information and providing technical
12 assistance to communities, health care providers, and consumers
13 of health care services.

14 (9) Promoting strategies to improve health care professional
15 recruitment and retention in rural areas.

16 (10) Encouraging innovative responses by public and private
17 entities to address rural health issues.

18 (11) *Coordinating with the Office of Multicultural Health to*
19 *encourage the use of promotores de salud as set forth in Section*
20 *152.1.*

21 SEC. 4. Section 104105 of the Health and Safety Code is
22 amended to read:

23 104105. The department shall conduct a program for the
24 control of high blood pressure. The program shall include, but not
25 be limited to, all of the following:

26 (a) Support of local community high blood pressure control
27 programs to improve the quality and distribution of high blood
28 pressure control services.

29 (b) Promotion of consumer participation in high blood pressure
30 control efforts.

31 (c) Statewide coordination of high blood pressure control
32 activities.

33 (d) Planning, including development, adoption, periodic
34 review, and revision of a state plan for high blood pressure control;
35 and assistance to local agencies in their planning efforts.

36 (e) Gathering, analysis, and dissemination of epidemiologic
37 data and information on high blood pressure and its resulting
38 effects, and support of high blood pressure research.

39 (f) Development and maintenance of a clearinghouse for high
40 blood pressure information, materials, and services.

1 (g) Promotion of local and regional councils on high blood
2 pressure control.

3 (h) Evaluation of high blood pressure control efforts.

4 (i) Education of patients, health professionals, and the general
5 public.

6 (j) *The use of promotores de salud, as set forth in Section 152.1,*
7 *and community health workers as part of a culturally accessible*
8 *outreach education program on high blood pressure.*

9 SEC. 5. Section 104120 of the Health and Safety Code is
10 amended to read:

11 104120. The department shall establish standards for
12 applications for funding, review of proposals, funding awards,
13 technical assistance, monitoring, and evaluation of local programs
14 as it may deem necessary for the implementation of this chapter.
15 *The standards shall include, but shall not be limited to, the ability*
16 *of programs to provide outreach to underserved at-risk*
17 *communities, including, but not limited to, the use of promotores*
18 *de salud as set forth in Section 152.1, where appropriate.*

19 SEC. 6. Section 104250 is added to Chapter 4 (commencing
20 with Section 104250) to Part 1 of Division 103 of the Health and
21 Safety Code, to read:

22 104250. The department, as part of its diabetes control
23 program, shall encourage the use of promotores de salud, as set
24 forth in Section 152.1, for underserved populations, particularly
25 agricultural workers, to provide outreach and community
26 education about diabetes and its risks. The program shall be based
27 on the most current scientific data and shall demonstrate its
28 cost-effectiveness.

29 SEC. 7. Section 104317 of the Health and Safety Code is
30 amended to read:

31 104317. (a) The department shall offer public and
32 professional education to disseminate the most current
33 information on asthma.

34 (b) The department shall assist health care organizations, such
35 as managed care organizations, in identifying or developing
36 effective asthma diagnosis and treatment protocols. The
37 department shall improve clinical practice by working with
38 experts, partnering with health care organizations, and conferring
39 with interested constituencies.

1 (c) (1) Despite the necessity for increased information
2 regarding asthma causation, there is also an urgent need to apply
3 existing knowledge to reduce the burden on state resources due to
4 asthma. Thus, the department shall administer available funds to
5 organizations that propose promising, innovative asthma
6 interventions that benefit persons with asthma and their families
7 by increasing community awareness, improving patient education
8 and asthma self-management skills, improving clinical practice,
9 coordinating services, and developing local policies that support
10 the prevention and control of asthma and environmental factors
11 that can trigger asthma attacks.

12 (2) The department shall ensure that the projects are
13 scientifically based and practical, and that a range of significant
14 asthma prevention and control issues are addressed. The projects
15 shall address both adult and pediatric asthma populations. Projects
16 may include, but need not be limited to, the following:

17 (A) Clinical quality improvement.

18 (B) Disease management.

19 (C) Public and professional education, including information
20 on asthma self-management skills and ways to reduce or eliminate
21 allergens and irritants that exacerbate asthma, such as
22 cockroaches, dust mites, and molds.

23 (D) Mobilization of communities including local health
24 departments, community agencies, and other organizations,
25 *including, but not limited to, programs that utilize promotores de*
26 *salud, as set forth in Section 152.1, where their use has been*
27 *demonstrated to be effective, particularly for agricultural*
28 *workers.*

29 (E) Unique exposure interventions for special or at-risk
30 populations.

31 (F) Innovative collaborations between managed care
32 organizations, local organizations, health systems, academic
33 institutions, voluntary health organizations, and local
34 governments.

35 (G) Reducing environmental factors that have been found to
36 trigger asthma attacks.

37 (d) The department shall promote the utilization of
38 evidence-based asthma guidelines, such as the National Institute
39 of Health's National Asthma Education and Prevention

1 Programs's asthma guidelines, to carry out the purposes of this
2 chapter.

3 SEC. 8. Section 104318 of the Health and Safety Code is
4 amended to read:

5 104318. The department shall do all of the following in
6 connection with the administration of funds provided to
7 implement this chapter:

8 (a) Draft and circulate requests for applications.

9 (b) Determine selection criteria, consult with applicants, and
10 monitor the progress of projects.

11 (c) Require specific evaluations of projects, require plans for
12 implementation of effective programs, and prepare a summary of
13 findings from all projects conducted.

14 (d) Consult with community stakeholders for the development,
15 implementation, and evaluation of asthma prevention and control
16 programs. *Among the stakeholders to be consulted are programs*
17 *that provide for community outreach, including, but not limited to,*
18 *the use of promotores de salud, as set forth in Section 152.1, and*
19 *community health workers serving agricultural workers.*

20 SEC. 9. Section 104564 of the Health and Safety Code is
21 amended to read:

22 104564. A county participating in this program shall maintain
23 the following services, supported by this program or from other
24 sources, to the extent funds are available:

25 (a) A coordinated and integrated system providing early
26 outreach, pregnancy screening, patient advocacy, targeted case
27 management, health education, and referral to drug and alcohol
28 treatment and perinatal care services to pregnant women.

29 (b) (1) A patient advocacy and education component that will
30 reach women from all target populations at least six months prior
31 to, and in the earliest stages of pregnancy, and provide
32 information, health screenings, and assistance in obtaining
33 appropriate services.

34 (2) Patient advocates may arrange for prenatal care for eligible
35 pregnant women.

36 (c) In developing and implementing the program described in
37 this section each county shall obtain the involvement and
38 participation of local community organizations, including clinics
39 and schools with special expertise in the provision of health
40 education, perinatal care, and alcohol and drug treatment, *and*

1 *including, but not limited to, programs that utilize promotores de*
2 *salud, as set forth in Section 152.1, where their use has been*
3 *demonstrated to be effective, particularly for agricultural*
4 *workers.*

5 SEC. 10. Section 105285 of the Health and Safety Code is
6 amended to read:

7 105285. (a) After July 1, 1992, but on or before July 1, 1993,
8 the department shall adopt regulations establishing a standard of
9 care, at least as stringent as the most recent United States Centers
10 for Disease Control screening guidelines, whereby all children
11 shall be evaluated for risk of lead poisoning by health care
12 providers during each child's periodic health assessment. The
13 regulations shall be developed in consultation with medical
14 experts, environmental experts, appropriate professional
15 organizations, and the public, as determined by the department.

16 (b) The standard of care shall provide that, upon evaluation,
17 those children determined to be "at risk" for lead poisoning,
18 according to the regulations adopted pursuant to subdivision (a),
19 shall be screened.

20 (c) The standard of care shall provide that no child shall be
21 screened pursuant to this article if the parent or guardian of the
22 child refuses to consent to the screening.

23 (d) The standard of care shall provide that health care providers
24 shall be responsible only for evaluation of all children, for
25 screening of children determined to be at risk, and for medically
26 necessary followup services.

27 (e) The standard of care established pursuant to this section
28 shall not become operative before April 1, 1993.

29 (f) *To the extent that the screening program is not reaching*
30 *rural and underserved communities where children may be at risk,*
31 *particularly children of agricultural workers, the department shall*
32 *contract with programs that utilize promotores de salud, as set*
33 *forth in Section 152.1, or community health workers in order to*
34 *provide access to lead poisoning screening and prevention*
35 *programs.*

36 SEC. 11. Section 120800 of the Health and Safety Code is
37 amended to read:

38 120800. The intent of the Legislature in enacting this chapter
39 is as follows:

40 (a) To fund specified pilot AIDS education programs.



1 (b) To fund pilot projects to demonstrate the value of
2 noninstitutional health care services such as hospice, home health,
3 and attendant care in controlling costs and providing humane care
4 to people with AIDS and AIDS-related conditions.

5 (c) To fund clinical research.

6 (d) To fund the development of an AIDS Mental Health
7 Project.

8 (e) To fund specified needs assessments, studies, and program
9 evaluations.

10 (f) To authorize the use of funds appropriated by Section 6 of
11 Chapter 23 of the Statutes of 1985 for preventive education for
12 individuals who are seropositive as a result of antibody testing.

13 (g) To promote broad-based support for AIDS programs by
14 encouraging community level networking and coordination of
15 efforts among private sector, nonprofit, and public service
16 agencies as well as health care professionals and providers of
17 essential services.

18 (h) To promote an aggressive community-based HIV infection
19 prevention program in all communities and areas where behaviors
20 and prevalence indicate high risk of HIV infection, and to
21 encourage local programs to involve racial and ethnic minorities
22 in a leading role to plan the development, implementation, and
23 evaluation of preventive education, HIV testing, delivery of care,
24 and research activities that are necessary to the formation of a
25 comprehensive, community-based, culturally sensitive HIV
26 infection prevention strategy. *To promote the use of promotores de*
27 *salud, as set forth in Section 152.1, with these programs where*
28 *appropriate, to reach underserved communities, particularly*
29 *agricultural workers.*

30 (i) To promote education of health care practitioners
31 concerning new clinical manifestations of HIV, particularly
32 among women and children.

33 SEC. 12. Section 123515 of the Health and Safety Code is
34 amended to read:

35 123515. In processing and awarding contracts, grants, or
36 agreements pursuant to this article, the department shall evaluate
37 the ability of applicants to meet, to the maximum extent possible,
38 the following criteria:

1 (a) The applicant's prior experience in providing
2 community-based, comprehensive perinatal care and services to
3 low-income women and infants.

4 (b) The applicant's ability to provide comprehensive perinatal
5 care, either directly or through subcontract. Those services
6 comprising comprehensive perinatal care include, but are not
7 limited to, the following:

8 (1) Initial and ongoing physical assessment.

9 (2) Psychosocial assessments and counseling, and referral
10 when appropriate.

11 (3) Nutrition assessments, counseling and referral to
12 counseling on food supplement programs, vitamins, and
13 breast-feeding.

14 (4) Health educational assessments, and intervention and
15 referral, including childbirth preparation and parenting.

16 (5) Outreach and community education.

17 (6) Laboratory, radiology, and other specialized services as
18 indicated.

19 (7) Delivery, postpartum followup, and pediatric care through
20 the first year of life.

21 (c) The quality of care that is being, or has been provided to
22 low-income women and infants by health care providers.

23 (d) Whether the area that is, or that will be, serviced by the
24 applicant is medically underserved or has otherwise demonstrated
25 the need for comprehensive, community-based perinatal services.

26 (e) The applicant's ability to use an appropriate
27 multidisciplinary staff working as a team, in consultation with
28 obstetricians, pediatricians, and family practitioners when
29 appropriate, to provide a full range of comprehensive perinatal
30 care services. Staffing patterns shall reflect, to the maximum
31 extent feasible, at all levels, the cultural, linguistic, ethnic, and
32 other social characteristics of the community served. This staff
33 shall include at least one of those persons described in paragraphs
34 (1) to (3), inclusive, of this subdivision, as follows, and may
35 include, but not be limited to, a combination of those persons
36 described in paragraphs (4) to (10), inclusive, of this subdivision,
37 as follows:

38 (1) An obstetrician.

39 (2) A pediatrician.

40 (3) A family practice physician.

- 1 (4) Certified nurse midwives, public health nurses, nurse
- 2 practitioners, or physician assistants.
- 3 (5) Nutritionists.
- 4 (6) Social workers.
- 5 (7) Health and childbirth educators.
- 6 (8) A family planning counselor.
- 7 (9) Community outreach peer workers, *including promotores*
- 8 *de salud, as set forth in Section 152.1, as appropriate, to serve*
- 9 *agricultural workers and their families.*
- 10 (10) A translator.

